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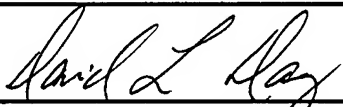
REISSUE APPLICATION DECLARATION BY THE ASSIGNEE	Docket Number (optional) UF-REI1
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>The University of Florida Research Foundation, Inc.</u></p> <p>and the title of my position with said assignee is: <u>Director, Office of Technology Licensing</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>	
Inventor <u>Jerry Stimac</u>	Citizenship <u>United States</u>
Residence/Mailing Address <u>627 S.W. 83rd Terrace, Gainesville, FL 32607</u>	
Inventor <u>Roberto Pereira</u>	Citizenship <u>Brazil</u>
Residence/Mailing Address <u>5825 NW 52nd Terrace, Gainesville, FL 32653</u>	
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.	
Patent Number <u>6,403,085</u>	Date of Patent Issued <u>June 11, 2002</u>
Title of Invention <u>Methods and Formulations for the Control of Pests</u>	
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: <u>Methods and Formulations for the Control of Pests</u></p> <p>_____</p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on _____ as reissue application number _____ / _____</p> <p>and was amended on _____</p> <p style="text-align: center;">(If applicable)</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input checked="" type="checkbox"/> by reason of other errors.</p>	

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

REISSUE APPLICATION DECLARATION BY THE ASSIGNEE	Docket Number (Optional) UF-REI1																								
<p>At least one error upon which reissue is based is described as follows:</p> <p>Failure to name the correct inventive entity.</p> <p style="text-align: center; margin-top: 100px;">[Attach additional sheets, if needed.]</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p> <p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Name(s)</td> <td style="width: 50%; text-align: center;">Registration Number</td> </tr> </table> <p>The Registrants associated with Customer Number 23557</p>		Name(s)	Registration Number																						
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<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> Customer Number </div> <div style="border: 1px solid black; padding: 2px 10px; margin-right: 10px;">23557</div> <div style="margin-right: 10px;">→</div> <div style="border: 1px solid black; padding: 5px; text-align: center; flex-grow: 1;"> Place Customer Number Bar Code Label Here </div> </div> <p style="margin-left: 100px;"><i>Type Customer Number Here</i></p> <p style="text-align: center; margin-top: 10px;">OR</p> <div style="display: flex; border: 1px solid black; padding: 5px;"> <div style="width: 20%; text-align: center;"> <input type="checkbox"/> Firm or Individual Name </div> <div style="flex-grow: 1;"></div> </div> <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td colspan="2" style="border: none;">Address</td> <td colspan="2" style="border: none;"></td> </tr> <tr> <td colspan="2" style="border: none;">Address</td> <td colspan="2" style="border: none;"></td> </tr> <tr> <td style="border: none;">City</td> <td style="border: none;"></td> <td style="border: none;">State</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">Zip</td> <td style="border: none;"></td> </tr> <tr> <td colspan="4" style="border: none;">Country</td> </tr> <tr> <td style="border: none;">Telephone</td> <td style="border: none;"></td> <td style="border: none;">Fax</td> <td style="border: none;"></td> </tr> </table>		Address				Address				City		State				Zip		Country				Telephone		Fax	
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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>																									
<p>Full name of person signing (given name, family name) David L. Day</p>																									
<p>Signature <i>David L. Day</i></p>	<p>Date 6/19/03</p>																								
<p>Address of Assignee 223 Grinter Hall Gainesville, FL 32611</p>																									

REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) UF-REI1
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Jerry Stimac, Roberto Pereira		
Patent Number 6,403,085	Date Patent Issued June 11, 2002	
Title of Invention Methods and Formulations for Control of Pests		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The Assignee owning an undivided interest in said original patent is The University of Florida Research Foundation, Inc. and the assignee consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned) The University of Florida Research Foundation, Inc.		
Signature 	Date 6/19/03	
Typed or printed name and title of person signing for assignee (if assigned) David L. Day Director, Office of Technology Licensing		

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Jerry L. Stimac
Patent No. : 6,403,085
Serial No. : 09/794,260
Filing Date : February 27, 2001
Issued : June 11, 2002
For : Methods and Formulations for Control of Pests

Mail Stop REISSUE
Commissioner for Patents
Box 1450
Alexandria, VA 22313

Sir:

As required, the undersigned, Mr. David L. Day, submits this paper and a certificate under 37 C.F.R. § 3.73(b) to accompany the attached papers. I hereby state that the assignee of record for U.S. Patent No. 6,403,085, The University of Florida Research Foundation, Inc., consents to the accompanying application for reissue.

CERTIFICATE UNDER 37 C.F.R. § 3.73(b)

The University of Florida Research Foundation, Inc., certifies that it is an assignee of the entire right, title, and interest in the patent application identified above by virtue of assignment from Dr. Stimac to the University of Florida recorded on August 6, 2001, in the United States Patent Office at REEL/FRAME 011817/0608; and an assignment from the University of Florida to the University of Florida Research Foundation, Inc. recorded on January 14, 2002, in the United States Patent Office at REEL/FRAME 012305/0765. The University of Florida Research Foundation, Inc., further certifies that it is an assignee of the entire right, title, and interest in the patent application identified above by virtue of assignment from Dr. Pereira to the University of Florida recorded on February 3, 2003, in the United States Patent Office at REEL/FRAME 013403/0756; and an

assignment from the University of Florida to the University of Florida Research Foundation, Inc. recorded on February 27, 2003, in the United States Patent Office at REEL/FRAME 013447/0033.

The undersigned has reviewed all the documents in the chain of title of the patent application identified above and, to the best of undersigned's knowledge and belief, title is in the assignee(s) named above.

The undersigned (whose title is supplied below) is empowered to act on behalf of the assignee.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or of any patent issuing thereon.

UNIVERSITY OF FLORIDA RESEARCH FOUNDATION, INC.

Date: 6/19/03

Signature: David L. Day
Name (printed or typed): David L. Day

Title: Director, Office of Technology Licensing